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# Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10684
Facility Name:	Colorado River Medical Center
Address:	1401 Bailey Avenue
City:	Needles
Hospital Owner/Lice	ensee: City of Needles
Year of Repo	orting: 2010
Contact 1 e-mail Ad	dress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Mike Andrews
Submission	Date: 1/17/2011 10:17:29 AM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	ne Alternate Building Address		Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital, Wing A	1401 Bailey Avenue	Retrofit	SPC5	01/01/2013	12/31/2012
02	Main Hospital, Wing B	1401 Bailey Avenue	Retrofit	SPC5	01/01/2013	12/31/2012
03	Main Hospital, Wing C	1401 Bailey Avenue	Retrofit	SPC5	01/01/2013	12/31/2012

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# Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Main Hospital, Wing A		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	25 Inpatient 9125 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 25	Cesarean/Deliv	Central Plant

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildir	ng Name: Main Hospital, Wing B		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Total Beds this Building	Cesarean/Denv	Central Plant

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ing Name: Main Hospital, Wing C		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this 0	Services  Obstetrical Cesarean/Deliv	Surgery
		Building		X Central Plant

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#### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name: Main	Hospital, Wing A		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 25 Bed	Inpatient 9125 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	25	25

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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name:	Main Hospital, Wing B		
Medical / Surgical	(Include GYN)	Acute Respira	ntory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name: Mair	n Hospital, Wing C		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developi Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital, Wing A	
02	Main Hospital, Wing B	
03	Main Hospital, Wing C	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

		_							
Building Number:	01	Building Name:	Main Hospital, Wing A						
Type of Service	Type of Service Provided								
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	Nursing		Anesthesia						
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis			
П	Pediatric/Adol	L	Clinical Lab	Newborn/		Outpatient Surgery			
			Radiological/ Imaging	WellBaby		Gurgery			
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant			
	Obstetrical Ante/Postprtu	m   _	¬	Nuclear Medicine		Support Services			
		l L	Dietetic	MOGIOITIO		33. VI003			
	Intermediate Care		Administration						
	Skilled Nursin	g	_						

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Main Hospital, Wing B			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	,		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	,   [	Clinical Lab			Outpatient
Ш	escent		Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging  Pharmaceutical	Emergency		Central Plant
	Obstetrical		Filamaceutical	Lineigeney	Ш	Central Flant
	Ante/Postprtu	m [	Dietetic	Nuclear Medicine	X	Support Services
П	Intermediate					
_	Care	×	Administration			
	Skilled Nursin	g				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Main Hospital, Wing C			
Type of Servic	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		X Anesthesia			
	IntensiveCare	,		Obstetrical Recovery	F	Renal Dialysis
	Pediatric/Ado	, D	Clinical Lab		X S	Outpatient
	escent		Radiological/ Imaging	Newborn/ WellBaby	د ت	Surgery
	Psychiatric Nursing		Y Pharmaceutical	X Emergency	X C	Central Plant
	Obstetrical		( ) Harmacoulous			
	Ante/Postprtu	m [>	X Dietetic	Nuclear Medicine	X §	Support Services
	Intermediate					
	Care		Administration			
	Skilled Nursin	g				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Main Hospital, Wing A								
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	2 4 or NPC	5			
Type of Service Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic	_		_	osmari an	
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	Building Number: 02 Building Name: Main Hospital, Wing B								
Configuration:	Retrofit Non-Confo	orming buildir	ng to SPC 5 and NPC	4 or NPC	5				
Type of Service	e Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	termediate		Dietetic						
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Nar	ne: Main Hospital, Wir	ıg C					
Configuration Retrofit Non-Confo		rming building to SPC 5 and NPC 4 or NPC 5							
Type of Service	e Provided								
Nu	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent	X	Clinical Lab		Recovery				
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	Х	Outpatient Surgery		
	bstetrical nte/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
Int	termediate	X	Dietetic		Lineigency		Ochtiai Flant		
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services		

Report Status: **Data Last Update:** 01/17/2011 **Submission Date:** 01/17/2011 **Print Date:** 1/18/2011 8:38 AM

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